

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. **9387**

FILED NOV 1 1943 318

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Deaconess Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Howard Meek Roy

3. (b) If veteran, name war No 3. (c) Social Security No. 578-05-0033

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

7. Birth date of deceased June 18 1884
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 4 5 hr. min.

9. Birthplace Mt. Carmel, Illinois.
 (City, town, or county) (State or foreign country)

10. Usual occupation Salesman-Civil Engineer11. Industry or business Prentice-Hall Co.12. Name John W. Roy

13. Birthplace Grand Chain, Ill.
 (City, town, or county) (State or foreign country)

14. Maiden name Mary M. Gaunt

15. Birthplace Grand Chain, Ill.
 (City, town, or county) (State or foreign country)

16. (a) Informant John W. Roy(b) Address Anna, Ill.

17. (a) Removal (b) Date thereof 10-25-43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Anna Cemetery, Anna, Ill.18. (a) Signature of funeral director Robert J. Ambruster(b) Address 6633 Clayton Road

19. (a) OCT 25 1943 (b) J. J. Budick
 (Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL") 19
 (d) Street No. 4315 Lindell Blvd.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23
 year 1943 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from Oct. 20, 1943, to Oct. 23, 1943,
 that I last saw him alive on Oct. 23, 1943,
 and that death occurred on the date and hour stated above.

Immediate cause of death Coumarin thrombosis Duration few days

Due to _____
 Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

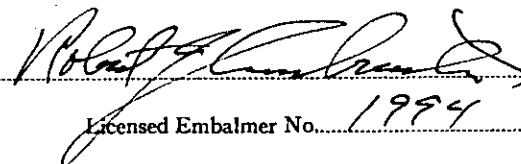
23. Signature Drew Luten (M. D. or other) _____
 Address St. Louis, Mo. Date signed 10-24-43

FEB 1 1944

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....



Licensed Embalmer No.....

1994

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.